

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44806

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 4433		Registrar's No. 77	
1. PLACE OF DEATH a. COUNTY PUTNAM				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM			
b. CITY (If outside corporate limits, write RURAL and give township) UNIONVILLE				c. CITY (If outside corporate limits, write RURAL and give township) UNIONVILLE 1861			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) SARAH		b. (Middle) FRANCES		c. (Last) BRADSHAW	
4. DATE OF DEATH		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH APRIL 20, 1884		9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) SULLIVAN COUNTY MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME JOHN A. CHAPPELL		13b. MOTHER'S MAIDEN NAME MARTHA HENNISS		14. NAME OF HUSBAND OR WIFE JOHN A. BRADSHAW	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME MISS CAROL BRADSHAW UNIONVILLE, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lympho-sarcoma ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Not known DUE TO (c) Empyema following pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 7, 1949 to Dec. 3, 1950, that I last saw the deceased alive on Dec 3, 1950 and that death occurred at 7:35 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. W. McDonald M.D.				23b. ADDRESS Unionville, MO		23c. DATE SIGNED 12-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/5/50		24c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEMETERY		24d. LOCATION (City, town, or county) (State) UNIONVILLE, MISSOURI	
DATE REC'D BY LOCAL REG. 12-30-50		REGISTRAR'S SIGNATURE 266 Marvill Durbin		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS COMSTOCK FUNERAL HOME BY John D. Comstock UNIONVILLE, MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 3 1951
Date Received:
DISTRICT HEALTH OFFICE #2
District File Number J-51-26
Date Filed: JAN 10 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

John N. Comstock

Licensed Embalmer No. *3891*

P. O. Address *Unionville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.